BRIDGEPORT PUBLIC SCHOOLS

MIDDLE SCHOOL SPORTS

ANNUAL STIPEND REQUEST							
2015-16						Intramurals Account	
SCHO	DOL:						
 Directions: The amount of the stipend is \$500 for the Fall and \$500 for the Spring provided you complete a certain # of hours. A coach who coaches a team in both the Fall and Spring will receive \$1,000. In the table below, enter the sport title and name of the coach. If the sport was conducted in the Fall, enter "x" in the Fall column; in the Spring, "x" in the Spring column. In the last column, "Stipend Amount," enter the amount of the stipend: \$500 for one semester only, or \$1,000 for both. E-mail the signed form to: tammy.papa@bridgeportct.gov 							
#	SPORT TITLE		SPORT COACH	Employee ID if applicable	Fall	Spring	Stipend Amount
1							
2							
3							
4							
5			i i				·
6							
7							
8				1			
9							
10							
Lighthouse Coordinator: Verification I have verified that the information entered above is accurate.							
Signature:						Date: _	
Principal's Confirmation:							
I confirm that the information entered above is accurate.							
Principal's Signature:						Date: _	——————————————————————————————————————
DISTR	ICT COORDINATOR		Approved for Payment				
Signature:						Date: _	